

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: DAVID A. SCOTT ET AL. )  
SERIAL NO.: 09/894,498 ) ART UNIT  
FILED: June 28, 2001 ) 2645  
FOR: SYSTEM AND METHOD FOR ) EXAMINER:  
ELECTRONIC MESSAGE STATUS ) Gauthier,  
NOTIFICATION AND REPLY USING ) Gerald  
VARIOUS ELECTRONIC MEDIA )

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
CENTRAL FAX CENTER  
OCT 15 2003

I hereby certify that this correspondence is  
being transmitted to the United States Patent  
& Trademark Office via facsimile to facsimile  
Number (703) 872-9315 on October 15, 2003

Shella Smedley

*Shella Smedley*  
signature


10-15-03  
date

*Copies*

AMENDMENT

OFFICIAL

Applicants respectfully request entry of the following amendment and remarks contained herein in response to the Office Action mailed July 29, 2003. Applicants respectfully submit that the amendment and remarks contained herein place the instant application in condition for allowance.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): DAVID A. SCOTT ET AL.				01045 (BLL-0054)	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/894,498	June 28, 2001	Gerald Gauthier	2645		
Invention: SYSTEM AND METHOD FOR ELECTRONIC MESSAGE STATUS NOTIFICATION AND REPLY USING VARIOUS ELECTRONIC MEDIA					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	66 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9 -	9 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: October 15, 2003		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div>Signature of Person Mailing Correspondence</div> <div>Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

**OFFICIAL**  
**RECEIVED**  
**CENTRAL FAX CENTER**  
**OCT 15 2003**